

**FEC  
FORM 1****STATEMENT OF  
ORGANIZATION**

(See instructions)

Office use only

1. NAME OF  
COMMITTEE (in full)☐(Check if name  
is changed)Example: If typing, type  
over the lines

12FE4M5

American Association of Nurse Anesthetists Separate Segregated Fund (C-  
RNA-PAC)

ADDRESS (number and street)

222 South Prospect Ave

c/o Finance Department

Park Ridge

IL

60068

4001

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

☐(Check if address  
is changed)

crnapacfec@aanadc.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐(Check if address  
is changed)

2. DATE

M M  
03/ D D  
18/ Y Y Y Y  
2009

3. FEC IDENTIFICATION NUMBER

C C00173153

4. IS THIS STATEMENT

☒

NEW (N)

OR

☐

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete

Type or Print Name of Treasurer

William Yeo

Signature of Treasurer

Electronically Filed by William Yeo

Date

M M  
03/ D D  
18/ Y Y Y Y  
2009

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. § 437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office  
Use  
OnlyFor further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100**FEC FORM 1**  
(Revised 02/2009)